

STILLWATER COUNTY, MONTANA

APPLICATION TO CONDUCT A RAFFLE

NAME: _____ email address _____

ORGANIZATION: _____

NON-PROFIT ORGANIZATION? YES _____ NO _____

RELIGIOUS CORPORATION SOLE? YES _____ NO _____

ADDRESS: _____

PHONE: _____

TICKET SALES: BEGIN DATE _____ ENDING _____

COST OF RAFFLE TICKET: _____

NUMBER OF TICKETS EXPECTED TO BE SOLD: _____

DATE OF DRAWING: _____

LOCATION OF DRAWING: _____

PLEASE ITEMIZE ALL PRIZES TO BE AWARDED, THE APPROXIMATE VALUE, AND WHETHER THE PRIZE WAS PURCHASED OR DONATED. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

THE UNDERSIGNED CERTIFIES THAT THEY HAVE BEEN PROVIDED AND WILL COMPLY WITH MONTANA GAMING LAWS AND THAT THE INFORMATION SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

THE UNDERSIGNED FURTHER CERTIFIES THAT THEY HAVE BEEN PROVIDED A RAFFLE ACCOUNTING FORM AND WILL SUBMIT THE COMPLETED FORM TO THE STILLWATER COUNTY BOARD OF COMMISSIONERS WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE RAFFLE.

ANY PERSON OR ORGANIZATION WHO PURPOSELY OR KNOWINGLY FALSIFIES THIS APPLICATION OR THE RAFFLE ACCOUNTING FORM IS GUILTY OF A CRIMINAL OFFENSE AND IS SUBJECT TO A FINE AND/OR IMPRISONMENT, 23-5-162, M.C.A.

Signature

Date

OFFICE
DATE APPLICATION RECEIVED: _____
PERMIT NO: _____ PERMIT COST _____
DATE REPORTING FORM RECEIVED: _____

Commissioner Approval _____
Date

**Return form to: Stillwater County Commissioners
PO Box 970, Columbus, MT 59019 (406) 322-8010**